



THE PALAU FOUNDATION

For World Evangelism

ESTATE INVENTORY FORM

“PLANNING MAKES THE DIFFERENCE”

Palau Foundation for World Evangelism

1500 NW 167th Place • Beaverton, OR 97006 • 503.614.1557

www.palaufoundation.com • estateservices@palau.org

DATE

First Name	(Middle Initial)	Spouse	(Middle Initial)	Last Name
Address				
City		State	Zip	

	Birthday	Email Address
His		
Hers		

	Home Phone #	Cell #	Work #
His			
Hers			

What law firm do you use?

Firm's Name	Attorney's Name	Phone #

What CPA firm do you use?

Firm's Name	CPA's Name	Phone #

Do you have a net-worth statement from your CPA or attorney? " Yes " No " Maybe

Do you have long-term care insurance? " Yes " No

I. STOCK, BONDS, MUTUAL FUNDS, CHECKING AND SAVINGS ACCOUNTS

Name	# Shares/Units	Cost Basis	Current Value

II. PENSIONS & IRAS

Type	Name	Account Value

III. NOTES & ACCOUNTS RECEIVABLE

Description	Initial Value	Remaining Payoff

IV. NOTES & ACCOUNTS PAYABLE

Description	Initial Value	Remaining Payoff

V. REAL ESTATE

Description	Current Mortgage Balance	Current Value

XI. PERSONAL

Do you currently have a will or living trust? (Check One)	<input type="checkbox"/> Will	<input type="checkbox"/> Trust	<input type="checkbox"/> None
Which instrument would you like to use?	<input type="checkbox"/> Will	<input type="checkbox"/> Trust	<input type="checkbox"/> None
1. Executor of Estate			
a. Beyond your spouse, who would you like to become the executor of your estate? (i.e. A "Personal Representative" if you choose a will, or a "Successor Trustee" if you choose a living trust.)			
b. Who would you like to name as an alternate executor in the event your first choice cannot/will not serve?			
2. Power of Attorney for Healthcare			
a. Have you completed an "Advanced Healthcare Directive" form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Beyond your spouse, who should be your alternate power of attorney for healthcare?	His		
	Hers		
c. Who should become your secondary power of attorney for healthcare if your alternate is not able to serve?	His		
	Hers		
3. General Power of Attorney			
a. Beyond your spouse, who should become your durable (aka general) power of attorney?			
b. Who should become your secondary durable power of attorney if your alternate is not able to serve?			
4. Have you completed a "Last Wishes" memo regarding the disposition of your body and your memorial service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Have you completed a "Disposition of Tangible Personal Property" sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

XII. CHILDREN

List the names of your children	DOB
1.	
2.	
3.	
4.	
5.	

In the event of your premature death, who should be your children's guardian?

Name		Phone # where they can be reached
Address		
City	State	Zip

Who do you select as your alternate guardian, in the event your primary guardian does not survive you, is incapacitated, or chooses not to serve?

Name		Phone # where they can be reached
Address		
City	State	Zip

Who should serve as trustee of the minor children's trust during the period before your children reach the age of majority?

Name		Phone # where they can be reached
Address		
City	State	Zip

How would you like them to receive their inheritance? (Check one)

- " Large lump sum all at once. Please explain: _____
- " Over a period of time. Please explain: _____
- " A combination of these two. Please explain: _____
- " Haven't decided.

XII. GRANDCHILDREN

List the names of your grandchildren	DOB
1.	
2.	
3.	
4.	
5.	
6.	
7.	



For more information, please contact:



K. Gene Christian, Charitable Estate and Gift Planning Services

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